

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, Rl 02904-2615

## NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR \_

2011

401.222.3040

Filing Period: June 1 - June 30 • Filing Fee: \$20.00\* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

\* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a

penalty fee of \$25.00.						
1. Corporate ID No.	2. Name of Corporation					
137169	FRESH SPOT CPL, INC.					
3. State of Incorporation	· '	Rhode Island - Street Ac	ldress	City	Zip	
Delaware	1789 Smith S	treet		North Providence	e 02911-0000	
5. Foreign corporation. Enter principal office address			Cit):	State		
					1 <b>5</b> 53 to	
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island					78 S	
to operate a central production facility and to deal with real estate					2	
	<u> </u>	g radde the detailer			J	
A RECORD OF THE PROPERTY OF TH	OF THE OFFICER	5: ("X" BOX FOR AI	ta a grant to the state of the	CES BEFORE USING ATTAC	200	
President Name Demetrius D. Sampalis				Vice President Name Demetrius D. Sampalis		
Street Address	- in i	<u> </u>	Street Address			
11 Betsy Williams Circle			1	11 Betsy Williams Circle		
City	State	Zip	City	State	Zip	
Johnston	RI	02919-	Johnston	RI	02919-	
Secretary Name			Treasurer Name		1	
Valerie Sampalis			Demetrius D. Sampalis			
Street Address			Street Address	Street Address		
11 Betsy Williams Circle			11 Betsy Williams Circle			
City	State	Zip	City	State	Zip	
Johnston	RI	02919-	Johnston	RI	02919-	
8. NAMES AND ADDRESSES	OF THE DIRECTO	RS: ("X" BOX FOR	ATTACHMENT) 🗍 FILL IN SP.	ACES BEFORE USING ATTAC	HMENTS	
THE NUMBER OF DIRECTO	ORS OF A DOMEST	TC (RHODE ISLAN	D) CORPORATION SHALL	NOT BE LESS THAN THRE	<u>E</u> (3). R.I.G.L. 7-6-23	
Director Name			Director Name			
Demetrius D. Sampalis			Valerie Sampalis			
Street Address			Street Address			
11 Betsy Williams Circle	<b>:</b>		11 Betsy Williams Circle			
City	State	Zip	Ciţi:	State	Zip	
Johnston	RI	02919-	Johnston	RI	02919-	
Director Name			Director Name			
none			none			
Street Address none			Street Address			
			none			
Cit <sub>i</sub> )	State	Zip	City none	State	zip none	
none	none	none	ı	time and the contract of the c	7. 7 m (primote) (h. 116) (h. 1841 <b>x</b> 13	
9. REGISTERED AGENT IN RHODE ISLAND						
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78						
	· <del></del>	<del></del>				
This report must	he signed by either	the President, Vice	President. Secretary, Assist	ant Secretary, Treasurer, Rece	eiver or Trustee	



APR 25 2011

BY (43076 10:43

File Date:

Check No.

By:

FOR SECRETARY OF STATE USE ONLY.

Under penalty of perjury. I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Donkin Dayor Dute

Demetrius D. Sampalis

Print or Type Name of Officer President

Title of Officer